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Book Review: Surrogacy: A Human Rights Violation by Renate Klein

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Keywords

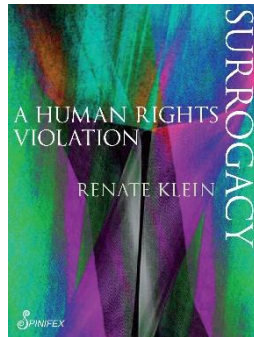
surrogacy, egg donation, in-vitro fertilization, women, donor, womb mother, surrogate mother, legalization, criminalization, CRISPER (clustered regularly interspaced short palindromic repeats)

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BOOK REVIEW:
SURROGACY: A HUMAN RIGHTS VIOLATION
BY RENATE KLEIN (SPINIFEX PRESS, QUEENSLAND,
AUSTRALIA, 2018)

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KEYWORDS

surrogacy, egg donation, in-vitro fertilization, women, donor, womb mother, surrogate mother, legalization, criminalization, CRISPER (clustered regularly interspaced short palindromic repeats)

As one reads Renate Klein's book entitled *Surrogacy: A Human Rights Violation*, it becomes clear that she is not one of those who would prefer to stay in the safer shallow end of the pool; rather she plunges deep into the ocean of her topic. This book leaves no loopholes in the discourse about surrogacy and contends that it is an outright violation of human rights. Klein substantiates her arguments with extensive literature from academic and non-academic sources.

She begins her book with a description of the short-term and long-term harm and violations caused by surrogacy, egg donation, and IVF (in-vitro fertilization) procedures on women's bodies. Using her expertise in biology and decades of experience working these issues she effectively explains the detrimental psychological and physical effects of the medicines and the assisted reproductive procedures on the human body. She presents a compelling argument against the distorted rhetoric of "choice," that singularly focuses on agency and individual reproductive rights. As she rightly points out, the pronatalist and patriarchal pressures on intended mothers and surrogate mothers are the main impetus for the practice.

I can confirm many of her observations which I have found in my own research on surrogacy in India: such as women willing to inflict psychological and physical pain on themselves under the guise of being a loving, kind, and caring individual; women wanting to help their families out of poverty or to help another couple obtain a child; and women who are conditioned to put other's interest first much to the detriment of their own well-being. It is questionable whether surrogacy can be defended as a free choice and made by a free agent. Surrogate mothers are given gifts, taken on flights for the first time in their lives, and made to breastfeed and provide nanny service only to be dumped after they relinquish the baby. As Klein rightly states:

Commodifying womb mother's bodies and souls as "work" is the wrong way to go in a deeply patriarchal state such as India (and elsewhere as well). Much needed poverty reduction for billions of disenfranchised and illiterate women who suffer all sorts of economic and social discrimination cannot be alleviated through the sale or rent of these female bodies themselves: not in sexual and not in reproductive prostitution (Klein 2018, p. 55).

Drawing illustrations from empirical findings in India, Klein notes the understandings of maternal relationships as culturally embodied by surrogate mothers in India. I can add from my research in India that these understandings undergird the intentions of the intended parents whose sense of rights and ownership of the embryos and the resulting child are justified by their genetic choices and the purchase of the biomaterials. They consider the gestation of the child part of the purchased package. This is how surrogacy is marketed by medical practitioners and corporate agencies. Klein also rightly illustrates how some intended mothers too may resent the children and yet display a cheerful image to the society.

She draws analogies between the women in prostitution and surrogacy.

When prostitution survivors detail the extent of the violence, humiliation and abuse they experienced, they are shouted down by 'sex work' activists for being hysterical and weak, unable to enjoy the "fun" sex buyers provide. They are admonished to enjoy the money and deal with the few negatives in a grown-up way: every job has downsides, right? (Klein 2018, p. 61).

When surrogate mothers in India cried and asked to see the babies or resisted giving away the children after birth, they were chided for being weak.

Klein notes that it is common in this industry that surrogate mothers, like women in prostitution, receive much less remuneration as the bulk of the profits are pocketed by the agents and medical practitioners. This uneven distribution of profits is the usual practice in India with surrogacy agents telling the surrogate mothers that they have enhanced their living conditions.

A surrogate or a prostituted woman will never receive full payment for their bodily assets and "labour" as those profits go into the money bags of business entrepreneurs including middle men. Delusions about earning good money that surrogate supporters impart on women are often destitute and living on the brink, remind me of assertions by American slave owners back in the 18th century that the quality of life slaves from Africa "enjoyed" in their plantations was far superior to their prior down-trodden existence in Africa (Klein 2018, p. 65).

When women in surrogate homes in India, where they live during the pregnancies, complain about the food they are served, they were reminded of the quality of the food they ate before they came there.

Klein dedicates one chapter of her book to the violation of children's rights in surrogacy beginning with young girls in poorer communities who are trafficked, enslaved, raped, and forced into surrogacy and selling of their babies. The involvement of the children is not even considered as important in this trade, so the question of whether, in the future, they will want to know the surrogate mothers as their birth mothers does not arise. A child's rights are violated if it is born with

disabilities and is then abandoned, as in the case of Baby Gammy born through surrogacy in Thailand. Klein points out the effects of surrogacy has on the other children of surrogate mothers. These are nuanced aspects of surrogacy that are rarely touched upon when it is discussed as a wonderful reproductive option.

Klein contends that surrogacy is unethical because it causes psychological and physical challenges, long-term morbidities, and possibly a risk to the carrying mother's life. She references Indian cases in which women are willing to undergo any medical intervention for the sake of money. One especially horrendous case concerns a surrogate mother in India who had to abort her baby to give space for a surrogacy.

Klein strongly critiques the regulatory framework that is based on the harm minimization approach. This approach assumes that if surrogacy is defined as work and the fully consenting surrogate mother is adequately compensated and provided with professional psychological, legal, and medical support, then the practice is an ethically viable commercial activity. However, Klein demonstrated throughout her book that surrogacy is a form of abuse and more like slavery.

Some who oppose prohibiting surrogacy argue that prohibition will lead to an underground market. The author disproves this view by providing evidence from the legal prostitution industry in Germany and Holland that promotes illegal trafficking black-markets. She commends the policies in countries that criminalise buyers and agents in the sex trade rather than the prostituted person. She concludes the book by reminding the readers of the neoliberal multi-billion industry that is growing exponentially worldwide. Initially hidden within the medical tourism industry, surrogacy is offered as part of a travel package around a tourist location. Klein describes a history of systematic patriarchal hegemony in the surrogate industry that has compartmentalized women into eggs and wombs while ignoring their bodies, brains, heartbeats, breath, and souls. Klein emphasizes that surrogacy promotes deeply embedded pronatalist, patriarchal, racial, and ableist ideologies.

The author reminds us that women undergoing IVF treatment are also unwittingly offering their body parts for experimentation research on new and advanced reproductive technologies such as CRISPR (Clustered Regularly Interspaced Short Palindromic Repeats).

Klein urges countries like Australia to rethink their approach and move to an abolitionist policy on surrogacy. She recommends following the example of Sweden's policy on prostitution that penalizes the buyers and pimps but not the prostituted women. Klein's book offers the strongest possible objections to the pro-surrogacy discourse and to those who support the exploitation of poor women's reproductive capacities within a capitalist marketplace.

I find her book to be a very useful follow-up to Janice Raymond's *Women as Wombs: Reproductive Technologies and the Battle over Women's Freedom*. It is a valuable resource for academics and activists alike. She ends her book with an interesting note which I quote:

We must never shrug our shoulders and say "oh well, surrogacy exists, let's just regulate it and make it ethical." Women and their children who get harmed in the surrogacy industry deserve better (Klein 2018, p. 178).

In India, it is called a “*chalta hain*” attitude, a casual approach to let things keep going on and waiting to react until a problem reaches larger proportions just because people believe that it is impossible to stop. Interestingly, Klein and I have written our books at the same time from two ends of the world (Australia and Germany). She has written this book from a feminist perspective and based on an extensive literature review while my recent book was focused largely on my research in India interpreted through a transnational feminist framework. Yet our conclusions resonate with each other.

AUTHOR BIOGRAPHY

Sheela Saravanan is a research associate in the department of anthropology, South Asia Institute, Heidelberg University, Germany. She is the author of *A Transnational Feminist View of Surrogacy Biomarkets in India* (Springer, 2018). She has published on the Indo-German socio-ethical context of prenatal diagnosis, commercial surrogacy, birthing practices in India, training of traditional birth attendants in India, the status of reproductive health in South Asia, and violence against women and female infanticide in India. In her research, she has applied critical medical anthropology and feminist theories of the mindful body, global justice, reproductive justice, transnational feminism, and intersectionality. She has a multidisciplinary educational background in geography, developmental studies, public health, and has worked in the disciplines of anthropology, bioethics, and gender studies.

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